

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: <div style="text-align: center; font-size: 1.2em;">03-001</div>	2. STATE Washington, D.C.
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE May 24, 2003	
5. TYPE OF PLAN MATERIAL (Check One): <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT </div> <div style="text-align: center; font-size: 0.8em;"> COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) </div>			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.167 (b) and 42 CFR 484.36 (e)(1,2)		7. FEDERAL BUDGET IMPACT: a. FFY 2003 \$ 129,933 b. FFY 2004 \$ 321,195	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement to Attachment 3.1A, page 29 Supplement to Attachment 3.1B, page 28 Attach. 3.1C, page 7 Attach. 4.19B, page 15		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement to Attachment 3.1A, page 29 Supplement to Attachment 3.1B, page 28 Attach. 3.1C, page 7 Attach. 4.19B, page 15	
10. SUBJECT OF AMENDMENT: <div style="text-align: center;">Modifications to Personal Care Aide service hours, and to provider requirements</div>			
11. GOVERNOR'S REVIEW (Check One): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL </div> <div> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: </div> </div>			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Wanda R. Tucker Interim Senior Deputy Director for Medical Assistance Administration D.C. Department of Health/Medical Assistance Administration 825 North Capitol St., NE Suite 5135 Washington, D.C. 20002-4210	
13. TYPED NAME: Wanda R. Tucker			
14. TITLE: Interim Senior Deputy Director for Medical Assistance Administration			
15. DATE SUBMITTED: March 27, 2003			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: <div style="font-size: 1.2em;">April 2, 2003</div>		18. DATE APPROVED: <div style="font-size: 1.2em;">MAY 29, 2003</div>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <div style="font-size: 1.2em;">May 24, 2003</div>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <div style="font-size: 1.2em;">Mary T. McSoley</div>		22. TITLE: <div style="font-size: 1.2em;">Associate Regional Admin.</div>	
23. REMARKS:			

23. (continued) Any other Medical Care and Any Other Type of Remedial Care Recognized Under State Law, Specified by the Secretary

f. Personal Care Services, Prescribed in Accordance with a Plan of Treatment and Furnished by Qualified Person Under Supervision of a Registered Nurse are covered with limitations.

1. Personal care aide (PCA) services must not exceed eight (8) hours per day, or one thousand and forty (1040) hours in any twelve (12) month period, unless prior authorization is given by the State Agency.
2. When the cost of PCA services, in addition to other home care services, exceeds the cost of institutional care over a six (6) month period, the State Medicaid Agency may limit or deny PCA services on a prospective basis.
3. A family member other than a spouse, parent of a minor recipient or any other legally responsible relative may provide personal care services. Family members must be certified according to CFR 484.36 (e) (1,2).

4. Covered Services

- a. Section 1905(a)(24) of the Act and Title 42, Code of Federal Regulations, section 440.167(a)(3) authorizes the provision of personal care aide services "in a home, and at the state's option, in another location". Such services must be authorized by a physician in accordance with a plan of treatment, and be provided by an individual who is:

- (1) Qualified to provide the services; and
- (2) Supervised by a registered nurse.

b. Definitions

- (1) "Personal Care Aide (PCA)" is an individual who provides services through a Provider Agency to assist the patient in activities of daily living including bathing dressing, toileting, ambulation, and eating.

3) Dates of service and description of services provided, including progress notes of personal care aide and Registered Nurse supervisor.

- (vii) Coordinate services between levels of care to avoid duplication and gaps in care.
- (viii) Discontinue Personal Care services when such services are no longer required or adequate to meet the recipient's needs.
- (ix) Notify the State Medicaid Agency and the recipient when services are no longer required, including indication for discontinued services (e.g. improvement in level of independent function, hospital admission, nursing home admission, death).
- (x) Recertify PCA services according to I (C) (1) of this section.
- (xi) Assure that PCAs employed by the provider meet the qualifications required by the Medicaid agency.
- (xii) Provide and document at least 12 hours of continuing education for Personal Care Aides each year.

(c) Personal Care Aides must meet the following qualifications:

- (i) Be at least 18 years of age.
- (ii) Be a U.S. Citizen or alien who is lawfully authorized to work in the U.S.
- (iii) Be mentally, physically and emotionally competent to provide services as certified by a physician.
- (iv) Be able to accept instruction from a registered nurse.
- (v) Successfully complete a 75-hour training course approved by the State Medicaid Agency and hold Home Health Aide Certification consistent with Medicare/Medicaid guidelines.
- (vi) Complete 3 hours of continuing education at quarterly intervals, in addition to annual CPR recertification.
- (vii) Be able to read and write the English language.
- (viii) Be acceptable to the recipient.
- (ix) Pass a police clearance every 6 months.

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24. Personal Care Services

- a. Payment for Personal Care Aide services shall be provided at an hourly rate established by the State Medicaid Agency. The hourly rate for services provided in an individual setting will be distinct from the rate for services provided to multiple beneficiaries at the same address.
- b. Payment will not be made for more than eight (8) hours of service per day, or one thousand and forty (1,040) hours in any twelve (12) month period, without prior authorization from the Medicaid agency.
- c. Reimbursement will be the lesser of the amount established by the Medicaid agency or the amount charged by the provider.

25. Rehabilitative Services

1. Mobile Community Outreach Service Teams (MCOTT)

1. MCOTT providers shall be reimbursed at a flat rate for each day on which at least one face-to-face service for the client is provided. This rate will be established by the Medicaid agency. An example follows:

Direct service yearly cost	= \$1,753,700.00
Fringe Benefits & Administration (<i>overhead</i> <i>which is 33% of direct service total costs</i>)	= \$ 578,721.00
Total Costs	= \$2,332,421.00

Hypothetical number of clients = 100

Rate Calculation: $(\$2,332,421.00 / 100) / 365 \text{ days}$ = \$ 63.90
(this is a per person ,per day rate)

2. Services must be medically necessary and prior authorized.
3. Reimbursement will not be made for services provided during a client's inpatient hospitalization

MAY 29 2003TN # 03-01Effective Date May 24, 2003

Approval Date _____

Supercedes

TN # 98-02